## **Department of Corrections Independent Study**

Report

Name:			Date:		
Employee ID #:			Work Location:		
Address:			Phone #:		
Subject Reviewed/Course Atte	nded:				
Author or Instructor:					
Date Reviewed:			Hours:		
Summarize the information reviewed or presented and provide a brief description of how you intend to apply the information [OR] attach the course agenda and supporting documents, i.e handouts, note guides. (Please use additional pages if necessary.)					
					пп
Employee Signature	Date		Supervisor Signature	Date	yes no
			1		
Personnel Officer (If applicable)	Date	yes no	Training Officer Signature	Date	yes no
			ort for entry into your training ley Lake Road; Deer Lodge, MT		his form and

If this independent study report is part of a personnel issue please submit the form to Personnel for approval before returning the form to the Training Bureau. If you have any questions please call (406) 846-1320 ext. 2307.